U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fined, or civil penalties as provided by 29 U.S.C. 439 or 440.

1. File Number U - 162 24	2 Fiscal Year Covered From		
	01 /01 / 04 Through: 12 /31 /04		
Name and address of person filing	4 Name, file number, and address of labor organization		
Name Larry Mazzola, Jr.	Name U.A. Plumbers & Pipefitters Local No. 38 Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1621 Market Street. San Francisco, CA 94103 City	Street 1621 Market Street. San Francisco, CA 94103 City		
State ZIP Code + 4	State ZIP Code + 4		

6. Name and address of Employer (including trade name, it a	any). 7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	·
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

•				
Name of Person Filing			File Number U-	
B. Held an interest in or derived income substantial part of which consists of buy of an employer whose employees your (2) any part of which consists of buying dealing with your labor organization or the substantial or the	ring from, selling or leasing to, or oth labor organization represents or is a from or selling or leasing directly or	erwise dealing with the busines ctively seeking to represent, or indirectly to, or otherwise	ss	
Name and address of Business (including trade name, if any).		9. Business deals with		
Name				
Trade Name, if any:		a Labor Organization b Trust		
P.O. Box, Bldg., Room No., if any		c Employer		
Street				
City				
State	Z.P Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dea	11.a. Nature of such dealing.	
Name				
Trade Name, if any.				
P.O. Box, Bldg., Room No., if any				
Street City		11.b. Approximate dottar value of such dealing.		
		12.a. Nature of interest held or income received.		
State	ZIP Code + 4			
		12.b. Amount.		
C. Received from any employer (c	other than an employer covered u	nder parts A and B above) ney or other thing of value.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)		14.a. Nature of payment.		
			1.) Reimbursement of expenses to attend the International Foundation	
Name Local 38 Trust	Funds	New Orleans - \$5,794.00		
Trade Name, if any:		555 Calif	2.) Loomis & Sayles - Dinner \$80.00 555 California Street. Ste. 3300 San Francisco, CA 94104	
P.O. Box, Bldg., Room No., if any		San Franc		
Street 1625 Market St San Francisco,		*** See Atta	achment ***	

14.b. Amount of payment.

\$6,085.86

13.b. Is the Business an Employer $\, \underline{Yes} \,$

ZIP Code + 4

or Consultant

?

City

State

3.) Board of Trustees -- Lunches

1/22/04 - \$57.26

4/22/04 - \$58.53

7/22/04 - \$44.37

10/12/04 - \$51.70

TOTAL = \$211.85